



**SNOHOMISH COUNTY HUMAN SERVICES DEPARTMENT
COMMUNITY MENTAL HEALTH**

**REQUEST FOR PROPOSALS (RFP)
MENTAL HEALTH BLOCK GRANT
MAY 2015**

OVERVIEW

The mental health block grant funds are available to support two behavioral health professionals to support Snohomish County's coordinated entry system, Investing in Futures.

Investing in Futures supports the purpose of Snohomish County's Continuum of Care and its governing board, the Partnership to End Homelessness, which is to promote community wide commitment to the goal of ending homelessness; promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families who are currently experiencing homelessness or at-risk of homelessness.

Two behavioral health navigators will provide strengths-based, culturally competent services to literally and imminently homeless adults (aged 18 and older) who are contacting the coordinated entry system and struggling with mental illness and/or co-occurring mental illness and chemical dependency. The behavioral health navigators will provide direct assistance to coordinated entry participants: engagement and outreach, assistance with securing or maintaining housing, and facilitating enrollment into mental health and/or chemical dependency services as needed. The behavioral health navigators will also be responsible for providing mental health and chemical dependency capacity building and training to coordinated entry navigators, landlords, and housing agencies so that they are better informed about how to support these individuals.

APPLICANT ELIGIBILITY

This RFP is seeking interested providers that currently have or will be able to obtain a Washington State Community Behavioral Health Agency license or be a federally recognized Indian Tribe. The agency must be in good standing with Snohomish County and have the experience and infrastructure to provide behavioral health related services within Snohomish County. The Agency must also:

- Certify that they are not debarred or suspended or otherwise excluded from or are ineligible for participation in Federal Assistance programs under Executive Order 12549, "Debarment and Suspension"



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- Meet and comply with generally accepted accounting principles and are supported by documentation that identifies the source and use of public funds
- Maintain records that adequately identify the source and application of funds provided for financially assisted activities
- Agree and adhere to Snohomish County's Basic Terms and Conditions Agreement (example for review available on Snohomish County's [RFP site](#))

AVAILABLE FUNDING AND PERIOD OF PERFORMANCE

Initial nine month funding for the program is subject to allocations determined by the North Sound Mental Health Administration (NSMHA). Contract award will be from July 2015 through April 2016, with the possibility of renewal depending on project performance and outcomes. Additional one-time funds may be available for start-up costs. The proposal for start-up activities and costs should be included in the RFP annual budget, detailed and listed separately.

CONTACT PERSON

Courtney Phillips-Youman, Snohomish County Human Services Department (425-388-7209) or courtney.phillips-youman@snoco.org.

TIMELINES/PROCESS

Eligible Agencies must submit a letter of interest* by **Monday, May 11, 2015 at 5pm**. The proposal is due no later than the close of business on **Monday, June 8, 2015**. The full RFP timeline is as follows:

Monday, May 4, 2015	RFP Release
Friday May, 8, 2015	Bidders Meeting at Snohomish County
Friday, May 8, 2015	All Questions Regarding the RFP Due to the County by 5:00 pm
Monday, May 11, 2015	Letters of Intent to Submit Due
Monday, June 8, 2015	Applications Due to the County 5:00 pm
Week of June 8-12, 2015	Review Committee Meets
Friday, June 12, 2015	Official Notification to Applicants
Wednesday, July 1, 2015	Executed Contract in Place

**See Attachment 2 for a Letter of Interest template*



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AGENCY REQUIREMENTS

- Provide two FTEs assigned solely to this program
- Include a Snohomish County representative on the employee interview hiring process
- Provide FTEs with a workspace with a computer, phone and internet connectivity
- Report the type and amount of services provided to each client on a quarterly basis
- Participate in data collection and project evaluation and professional development opportunities through Investing in Futures Academy
- Attend Investing in Futures partnership meetings and navigator meetings as requested, share information about system gaps and recommend and participate in next step improvements
- Have an internal mechanism to determine effectiveness, efficiency, and client satisfaction with services provided under any contract resulting from this RFP and submit an annual outcomes report
- Consult with the Human Services Department Research Investigator and County Contract Manager to develop final contract elements, outcomes and an evaluation plan

REIMBURSEMENT REQUIREMENTS

Monthly reimbursement for services to be provided under the terms of any contract resulting from this RFP shall not exceed 105% of one-ninth (1/9th) of the budgeted contract award without prior written approval from the County.

LABOR HARMONY

All applicants selected for an award through this Request for Proposal agree to comply with Snohomish County Ordinance No. 09-011, Labor Harmony Requirement, including providing a no service disruption guarantee.

SUBMISSION REQUIREMENTS

One signed original application plus eight (8) copies must be submitted. The following documents constitute the proposal for a **total of no more than seven (7) pages**:

1. Fully completed application with original authorized signature
(**Maximum five (5) pages**)
2. Budget Section (**Maximum two (2) pages – ATTACHMENT 1**)

Incomplete submissions will not be considered. Proposals must be received no later than **5:00 PM on Monday, June 8**. Mark proposal envelopes with: 2015 Mental Health Block Grant



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Funding – Request for Proposals. Indicate the name of the Applicant-Proposer individual/firm.

1. Hand Delivered Proposals:

Snohomish County Human Services Department

Community Mental Health

Attn: Courtney Phillips-Youman

Reception desk on the Lower Level of the Drewel Building (Admin East), Oakes Avenue Entrance.

(Please do NOT Attempt to deliver to the 4th floor Human Services Department.)

2. Mailed Applications (Applicant-Proposers are strongly encouraged to mail early to avoid missing the deadline):

Snohomish County Human Services Department

Community Mental Health

Attn: Courtney Phillips-Youman

3000 Rockefeller Ave, M/S 305

Everett, WA 98201

QUESTIONS

Written inquiries and questions concerning this RFP may be submitted to Courtney Phillips-Youman, Community Mental Health Program Manager no later than **Friday, May 8, 2015**. Should any prospective Applicant-Proposer be in doubt as to the true meaning of any portion of this RFP, or should the Applicant-Proposer find any ambiguity, inconsistency, or omission therein, the proposer shall make a written request for an official interpretation or correction. All questions concerning the solicitation and specifications shall be submitted in writing via e-mail to courtney.phillips-youman@snoco.org. All questions and responses shall be made available to all proposers via the County website on **Monday, May 11, 2015**.

SCORING

Each of the Program questions will be scored for a total of 80 points, and the Budget section scored for a total of 20 points. These scores will be added together for a total of 100 available points. The Review Committee, consisting of representatives from relevant staff within the Snohomish County Human Services Department, interested community partners, and the North Sound Mental Health Administration, will independently score each application prior to meeting during the week of June 8, 2015. The Review Committee will finalize their scores at that meeting.



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BUDGET SECTION

All applicants must complete the Cost Reimbursement budget form (Attachment 1). Included in this section is a one page written narrative explaining what considerations were used when determining your budget. (20 Points)

RIGHT TO REJECT, NEGOTIATE AND/OR CANCEL

The County reserves the right to reject any or all proposals if such a rejection is in the County's best interest. This RFP is a solicitation for offers and is not to be construed as an offer, guarantee, or a promise that the solicited services will be purchased by the County. The County may withdraw this request for proposals at any time and for any reason without liability for damages, including, but not limited to, proposal preparation costs.

If a selection cannot be made based on the written proposal evaluation and the Agency performance rating alone, the County shall elect to interview the top two or more Agencies. Interviews will be worth 10 points. If interviews are conducted, the final award would be based upon the total points awarded for the written evaluation, Agency performance and the oral interview.

Additionally, the County reserves the right to negotiate with the apparently successful Applicants and may request additional information or modification of a proposal. When deemed advisable, and before any contract is let, the County reserves the right to arrange an on-site pre-award review to determine the Applicant's ability to meet the terms and conditions of the RFP.

RIGHT TO PROTEST

This procedure is to be followed in the event that an organization proposing to receive funds wishes to protest the selection process or the County's decision. By submitting a proposal in response to this RFP, the proposer agrees to follow the process set forth below prior to pursuing other rights or remedies that might be available to it.

The complainant shall notify the Supervisor of the Community Mental Health Team of the Snohomish County Human Services (the "Supervisor") in writing of the nature of its complaint and may request a meeting to discuss the complaint. This written notification and request, if any, must be received by the County no later than five (5) working days after the occurrence of the incident upon which the complaint is based. The complaint will be reviewed and, if a meeting was expressly requested in writing, the meeting will be scheduled with the complainant within three (3) working days of the receipt of the written request for a meeting. The Supervisor will issue a written response to the complaint no later than five (5) working days following the meeting or if no meeting was requested, no later than five (5) working days



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following receipt of the complaint. The response will be mailed to the complainant on the day it is issued.

In the event that the complainant is dissatisfied with the decision rendered by the Supervisor, the complainant may appeal the Supervisor's decision to the Director of the Human Services Department (the "Director"). The complainant shall notify the Director in writing of the nature of the complaint and shall request a meeting to discuss the appeal. The notification of the appeal must be received by the Director no later than five (5) working days after the receipt of the Supervisor's response. The Director will review the appeal and schedule a meeting with the complainant within three (3) working days of receipt of the written appeal. The Director will issue a written decision on the appeal no later than five (5) working days following this meeting and will be mailed to the complainant on the day it is issued. The Director's decision shall be final, however, it shall not prevent any complainant from thereafter pursuing any rights or remedies that might otherwise be available.



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APPLICANT INFORMATION			
Agency:			
Address, City, State Zip Code:			
Authorized Official & Title:			
Primary Program Contact:			
Telephone:		FAX:	
Project Title:			
Legal Status:			
<input type="checkbox"/> Private <input type="checkbox"/> Private For Profit			
<input type="checkbox"/> Non-Profit <input type="checkbox"/> Other: _____			

ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL

Signature

Title

Date



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[TYPE INTO BLUE FIELDS. THE RESPONSE MUST USE STANDARD SIZE TYPE BUSINESS FONT (I.E., TIMES NEW ROMAN, ARIAL, CALIBRI AND A FONT SIZE OF NO LESS/MORE THAN 12 POINTS. COMPLETED APPLICATIONS SUBMITTED MUST BE A TOTAL OF FIVE PAGES OR LESS, NOT COUNTING BUDGET PAGES.]

COMMUNITY NEED & BENEFIT

Please describe how you see project services working with the Investing in Futures coordinated entry system and how coordinated entry participants will access the project. Include information on the population that will benefit from the project, acuteness of need, and any statistical data/studies to support the need for the project. (20 Points)



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HUMAN SERVICES KNOWLEDGE

Please provide detailed information on your knowledge of housing and homelessness programs as well as mental health and chemical dependency systems and services in Snohomish County. Describe the services and resources available in the community that this project will leverage to meet participant needs by promoting housing stability, movement toward permanent housing and increased self-sufficiency. (20 Points)



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STAFFING

How will you ensure that strengths-based, culturally competent services are provided by staff in this position? What is your strategy to ensure quality service delivery, including service hours/days? How will you ensure overall program stability and consistency? (10 Points)

IMPLEMENTATION TIMELINE

Please outline your plan to recruit and train staff, if funded. The expectation is for services to begin as soon as possible following execution of the contract. (10 Points)



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INTEGRATION/ROLE

What will your supervision strategy be for these positions and how will you ensure that the staff will work collaboratively with the team of navigators and follow existing coordinated entry system processes and protocols? (10 points)

PROJECT SUPPORT & COLLABORATION

What resources and supports will your agency contribute to ensure the success of this program? Please include detailed information on collaboration with other agencies/programs to make this program successful. (5 Points)



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PROJECT EVALUATION

Please provide information on how the agency will evaluate the project to ensure the goals and outcomes are being met. If you find that goals are not being met please describe steps you would take to make the needed corrections to meet program goals and objectives. (5 Points)



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Mental Health Block Grant Request for Proposal (RFP) 2015 (20 Points)

PROPOSED BUDGET SECTION

EXPENDITURES					
BARS #	CATEGORY	ONE-TIME START UP FUNDS	MENTAL HEALTH BLOCK GRANT	TOTAL GRANT FUNDS	OTHER FUNDING SOURCES
10	Salaries/Wages				
20	Benefits				
30	Supplies				
41	Prof. Services				
42	Postage				
42	Telephone				
43	Mileage/Fares				
43	Meals				
43	Lodging				
44	Advertising				
45	Leases/Rentals				
46	Insurance				
47	Utilities				
48	Repairs/Maintenance				
49	Printing				
49	Dues/Subscript.				
49	Registration/Tuition				
	TOTAL				

Mental Health Block Grant Request for Proposal (RFP) 2015

EXPENDITURE DETAIL	
AMOUNT	TYPE OF EXPENDITURES: e.g. Salaries: 40% Program Person, etc. Benefits: FICA, Medical, etc. Communications: Postage, Phone, etc.
Example: \$50,000	Salaries: 100% 1.0 FTE Case Manager

Line Item Dollar amounts must match Expenditures listed on the proposed budget section



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LETTER OF INTENT FORM

Please type or print all information. Return the completed and signed form to:

Snohomish County, CMH
Attn: Courtney Phillips-Youman
3000 Rockefeller Ave, M/S 305
Everett, WA 98201

Or you can email or fax the form to: courtney.phillips-youman@snoco.org; 425-388-7234

Letter of Interest Form **must be received by COB May 11, 2015**. Late or incomplete forms will not be accepted.

IDENTIFYING INFORMATION

Agency Name _____

Director's Name _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____

Signature below indicates an interest in submitting a proposal for the 2015 Mental Health Block Grant Funds. I understand that signing this letter does not bind me to submission of a full application. All information submitted in this letter of intent is true to the best of my knowledge and belief. I fully understand that any significant misstatement in or omission from this application may constitute cause for denial of my application.

Name and Title (print or type)

Signature

Date